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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none* *1/18/06*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none* *1/18/06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 13	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
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Verified and  
Acknowledged

Examiner's Signature *[Signature]* Initials *[Initials]*

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TITLE  
 Method for controlling position of medical instruments

FILING FEE  RECEIVED 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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